

Mental Illness and Substance Abuse Report

About the Community-Wide Mental Health and Substance Abuse Steering Committee

Providing adequate mental health and substance abuse services for our community has become increasingly challenging over the past few years. Several national, state and local trends have contributed to these challenges. In addition, for at least the past few years, the mental health and substance abuse service providers in our community have planned and implemented their services essentially independently from one another.

Prior to this project, no mechanism existed within which to evaluate the total mental health and substance abuse needs of the community, review the services available, identify opportunities for changes, determine resource priorities and create and implement a community plan for mental health and substance abuse services. Surprisingly, the state requires only that local mental health centers create a plan for their own services, but not that they coordinate a community wide service plan.

The need for improvement of the local mental health and substance abuse system has not gone unnoticed. Several efforts have been undertaken over the last three years. A computer lab brainstorming session, sponsored by Poudre Valley Hospital led to a community mental health fair, and the concept of a Larimer County Mental Health Network evolved from these efforts.

There have been three major outcomes of this network. The first was a vision and mission statement (see Appendix A). The second was the development of a document describing elements of an ideal mental health and substance abuse system. This has been used as the visual representation of our community's ultimate goal (see Appendix B).

Finally, this network of providers and consumers invited key mental health and substance abuse providers to a meeting to discuss the potential for a community-wide planning effort. The response was positive, and the Executive Directors of the Larimer County Mental Health Center (now the Larimer Center for Mental Health), Poudre Valley Hospital/Mountain Crest, and the Poudre Health Services District along with the then-president of the Mental Health Advisory Council, made the commitment to work together to develop a planning process.

The planning process for Phase One (described in the next sections) was approved by the sponsoring organizations (Larimer County Mental Health Center, Poudre Valley Hospital/Mountain Crest and Poudre Health Services District) in March of 1999, and each committed funds to the process. The Community Wide Mental Health and Substance Abuse Planning Project, Phase One was officially kicked off with a community forum on August 18, 1999.

This report is one result of Phase One of this project.

Planning Process Goals

The first action of the steering committee was to affirm the vision previously set by the Larimer County Mental Health Network in 1998.

Long-Term Community Vision

A well coordinated, well funded continuum of mental health and substance abuse services which will achieve our maximum potential for meeting community needs and promote a healthier community through healthier individuals and families.

This report relates to the first phase of what is becoming a multi-phase project. Several phases will likely be required to achieve the ultimate community vision stated above. The first phase of the project focused on the following anticipated outcomes as a first step toward the ultimate goal.

Phase One

Current Project Anticipated Outcomes

- Open airing of provider and consumer needs and concerns
- Uncover important issues key organizations will need to consider
- A plan for how a community mental health and substance abuse network can be structured
- Specific first steps for improvement of the local mental health and substance abuse system

The Process

The steering committee chose a strategic planning process that included several steps. As this project has unfolded it has become evident that this will be a multi-phase effort. Phase One has clarified the issues and identified potential next steps; Phase Two will focus on the development of a structure within which we can address the key issues; Phase Three will focus on the implementation of the solutions. (See Appendix C for a diagram of the planning process.)

The strategic planning process included the following key steps:

Phase One

- Develop a steering committee:
From the beginning, it was recognized that a successful project would require the sincere commitment of the leaders of key organizations. Those leaders and consumer advocates were recruited. In initial meetings, the steering committee pledged to choose the best solutions for the community, to listen and learn, to be honest and open and to be open to significant change. Obtaining this commitment from each member of the steering committee was a significant task that required nearly six months of effort.
- Identify stakeholders both in and outside our community:
Steering committee members and other key players helped generate a list of stakeholders. Interviews and discussion groups revealed others.
- Gather information:
A wide variety of perspectives were gathered in an eight-month process using interviews, discussion groups and case examples. Intensive programmatic and financial reviews of nearly 20 key agencies were conducted and health-related trends, models and statistics were reviewed.

An intensive effort was made to talk to as many interested people as possible. In total, we spoke with 241 people; 59 in individual interviews, 101 in discussion groups and 80 in a community open forum. (See Appendix D for a list of discussion groups and the organizations represented in the interviews.)
- Formulate a strategy:
The information and proposed solutions presented in this report will be used to develop strategies for the next phase of this project.
- Report to the community:
Open forums will be held as a mechanism to report back to the community and receive feedback. Forums will be open to all and invitations will be sent to everyone who participated in Phase One.

(See Appendix E for a complete list of specific tasks to be accomplished and the current status of each.)

Phase Two

- Prioritization
- Strategy
 - Options
 - Choice

Phase Three

- Strategy implementation
- Planning process reassessment

The Process

Unexpected Development: Addressing a Crisis in Inpatient Mental Health Services

Through work with the steering committee, interviews and discussion groups, new communication links were established and important information regarding the mental health and substance abuse system was gathered. These new communication links, the developing trust between key players and a growing understanding of the system enabled us to address a major crisis in inpatient mental health services. In the midst of the data gathering stage, the only inpatient mental health facility in our community was in danger of closing due to the lack of psychiatrists on staff. With only four psychiatrists, the on-call rotation was unreasonable. Despite tremendous personal efforts on the part of the psychiatrists, they were exhausted and unable to keep up with the demanding schedule. The peak of the crisis came when two of the remaining four psychiatrists submitted their resignations, requiring each of the remaining two psychiatrists to be on-call two or three nights each week and every other weekend.

A sub-committee of the steering committee was quickly formed and work was begun immediately. In the initial step, a facilitator met individually with representatives from four of the major players: Mountain Crest/Poudre Valley Health System (the inpatient mental health facility), the Larimer Center for Mental Health (the employer of two of the four psychiatrists), Larimer County Health and Human Services Division and Poudre Health Services District. The purpose of these meetings was to clarify the perceptions and issues facing each of the organizations. Within less than two weeks of these initial meetings, two "Summit Meetings" of the four organizations were scheduled. A neutral party facilitated both meetings.

All parties made important concessions and the group was able to move forward with a short-term (six month) resolution to the crisis and a long-term planning process to identify a lasting solution. To carry out the short-term solution, the four organizations created a formal partnership, pooled resources and contracted with a locum tenens organization to hire temporary psychiatrists to ease the burden of the weekend on-call rotation. These partners also agreed to work together to explore long-term options. Encouraged by these efforts, the two psychiatrists who had resigned agreed to share in the on-call rotation while the longer term planning process was implemented.

To implement the longer term planning process, two of the four partners (PVHS and the Health District) pooled resources to retain the services of the same facilitator to attempt to recruit a total of ten psychiatrists to join the staff of the hospital and share in the weekend on-call rotation. The recruiting process included individual meetings with each of the 13 community psychiatrists.

As of December 2000 we are pleased to report that the short term (six-month) resolution was successful. In addition, a reasonable long term solution has emerged that was implemented beginning January, 2001. Without the groundwork of the ongoing planning process, this crisis might have seen a much different resolution. (See Appendix F for details on the inpatient crisis situation and planning process.)

"Crisis is an opportunity."

-Mental Health Provider